



Application #:	Permit #:	Date Received:
----------------	-----------	----------------

## FIRE SPRINKLER/SUPPRESSION/ALARM SHOP DRAWING APPLICATION

Submit one application for each building or structure. Please print or type. All sections must be completed.

1	Project Address:																
2	Scope (check which applies)	3	City/Village/Township:														
<input type="checkbox"/> Fire Sprinkler		4	Has this project been submitted to the local Fire Department? <input type="checkbox"/> Yes <input type="checkbox"/> No														
<input type="checkbox"/> Fire Alarm		5	Fire Department: _____ Date: _____														
<input type="checkbox"/> Kitchen Hood Suppression		6	Type of project: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Other														
<input type="checkbox"/> Fire Suppression		7	Cost of work covered by this application: \$ _____														
8	Were these plans submitted as a result of an Adjudication Order? <input type="checkbox"/> Yes <input type="checkbox"/> No																
9	Description of Project:																
10	Property Owner:	Attention/Contact:															
Address:		City:	State: Zip:														
Phone:		Email:															
11	Applicant:	Attention/Contact:															
Address:		City:	State: Zip:														
Phone:		Email:															
12	Contractor:	Attention/Contact:															
Address:		City:	State: Zip:														
Phone:		Email:															
13	<p>I hereby certify that I am the <input type="checkbox"/> Owner <input type="checkbox"/> Agent for the Owner and all information contained in this application is true, accurate, and complete to the best of my knowledge. I understand that the omission of reference to any provisions will not nullify any requirement, nor exempt any structure from such requirement of the Ohio Building Code. The owner and the designer identified on the plans and construction documents shall be responsible for the design, structure, safety, and maintenance of the structure per the requirements of the Ohio Building Code. The approval of the submitted application, plans, construction documents or any notations thereon, and issuance of this certificate shall not excuse the owner from complying with all rules and laws of the State and County, all of which are implied to be included herein and made a part thereof, all objections to same are hereby waived by the owner or owner's agent whose signature is hereto attached. I understand that all fees are non-refundable and non-transferable. All official correspondence in connection with this application should be sent to my attention at the address provided above in box 10 or 11.</p>																
Print Applicant/Owner Name		Applicant/Owner Signature															
14	<table><tr><td>_____</td><td>+</td><td>_____</td><td>+</td><td>_____</td><td>=</td><td>_____</td></tr><tr><td>Base Fee (\$75.00)</td><td></td><td>\$3.00 /head or device</td><td></td><td>State Surcharge (1% or 3%)</td><td></td><td><b>TOTAL FEE DUE</b></td></tr></table> <p><input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Check #:</p>			_____	+	_____	+	_____	=	_____	Base Fee (\$75.00)		\$3.00 /head or device		State Surcharge (1% or 3%)		<b>TOTAL FEE DUE</b>
_____	+	_____	+	_____	=	_____											
Base Fee (\$75.00)		\$3.00 /head or device		State Surcharge (1% or 3%)		<b>TOTAL FEE DUE</b>											

**THE AREA BELOW IS FOR OFFICIAL USE ONLY**

<b>23</b>	Intake Person / Date: _____ / ____ / ____		
Plan Review In: _____ / ____ / ____		Plan Review Out: _____	Reviewer: _____
Permit Specialist: _____	Whom contacted: _____	Method: _____	Date _____ / ____ / ____
Plan Review In: _____ / ____ / ____		Plan Review Out: _____	Reviewer: _____
Permit Specialist: _____	Whom contacted: _____	Method: _____	Date _____ / ____ / ____
Plan Review In: _____ / ____ / ____		Plan Review Out: _____	Reviewer: _____
Permit Specialist: _____	Whom contacted: _____	Method: _____	Date _____ / ____ / ____
Plan Review In: _____ / ____ / ____		Plan Review Out: _____	Reviewer: _____
Permit Specialist: _____	Whom contacted: _____	Method: _____	Date _____ / ____ / ____
Plan recommended for approval <input type="checkbox"/> Yes		Signature _____	Date _____ / ____ / ____
Plan Submittal Approved by: _____			Date _____ / ____ / ____
Notes:			